CORRECTION OF EXCESSIVE SPACES IN THE ESTHETIC ZONE

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INTRODUCTION

• It has been defined as a space greater than 0.5 mm between the proximal surfaces of adjacent teeth
ETIOLOGY OF MIDLINE DIASTEMA

1. NORMAL DEVELOPING DENTITION

a) Physiologic median diastema/ ugly duckling stage

b) Ethnic and familial

c) Imperfect fusion of midline of premaxilla
2. TOOTH MATERIAL DEFICIENCY

a) Microdontia

b) Macrognathia

c) Missing lateral

d) Peg laterals

e) Extracted tooth
3. PHYSICAL IMPEDIMENT

a) Retained deciduous

b) Mesiodens

c) Abnormal labial frenum

d) Midline pathology

e) Deep bite
4. HABITS

a) Thumb sucking
b) Tongue thrusting
c) Frenum thrusting
MANAGEMENT

a) REMOVAL OF CAUSE

b) ACTIVE TREATMENT

c) RETENTION
1. REMOVAL OF CAUSE

• DIASTEMA DUE TO UGLY DUCKLING STAGE
  No treatment required

• DIASTEMA DUE TO IMPERFECT FUSION AT THE MIDLINE
  Surgery

• DIASTEMA DUE TO MICRODONTIA AND MACROGNATHIA
  Orthodontic, crowns or composite build-up.

• DIASTEMA DUE TO MISSING TEETH/EXTRACTED TOOTH
  Implant or bridge
• **DIASTEMA DUE TO RETAINED DECIDUOS TEETH/MESIODENS**
  Extracted at the earliest.

• **DIASTEMA DUE TO ABNORMAL FRENUM**
  Frenectomy.

• **DIASTEMA DUE TO MIDLINE PATHOLOGY**
  Midline pathology like cysts has to be treated.

• **DIASTEMA DUE TO ABNORMAL HABITS**
  Habits should be eliminated using fixed or removable habit breakers.
predictability
predictability
predictability
predictability
predictability
REPRODUCING OPALESCENT AND COUNTER-OPALESCENT EFFECTS WITH DIRECT RESIN COMPOSITES

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The goal of aesthetic and restorative dentistry is to replace lost or damaged structures with artificial materials that possess biological, physical, and functional properties similar to natural teeth. In recent years, numerous restorative composite systems have been developed with a multitude of shades, translucencies, opacities, and effects, which in conjunction with innovative placement techniques, make it possible to fabricate restorations that fulfill the aesthetic requirements and optical characteristics of natural teeth. However, to achieve a direct resin composite restoration with a truly natural appearance, a comprehensive knowledge and understanding of the optical characteristics of natural teeth and resin composites, proper selection and application of current restorative systems, and rigorous training are imperative. The optical characteristics present in natural teeth are determined by the interaction between light and the dentin, enamel, and underlying pulp, and include the varying degrees of translucency and opacity of enamel and dentin, fluorescence, and opalescence.

When a ray of light reaches the enamel channel of an intact natural tooth, several events occur: some of the light is reflected, some is transmitted, and some penetrates the enamel and is absorbed and spread within the tooth structure. The light that penetrates the enamel and reaches the dentin is also reflected backward, and this reflects the color of the dentin. The final perceived shade of a tooth depends on the thickness and translucency characteristics of the overlying...
Closure of Diastema and Gingival Recountouring Using Direct Adhesive Restorations: A Case Report

ABSTRACT

One of the challenges in clinical aesthetic dentistry is closing anterior diastemas without creating "black triangles" between the teeth. The success of a restorative treatment in anterior teeth depends on the esthetic integration between restorative and hard tissues. The conditioning of the buccal surface is a simple, direct, predictable, and low-cost alternative. This paper reports a case in dentistry wherein an anterior tooth was successfully treated using gingival recountouring and composite resin restorations.

CLINICAL SIGNIFICANCE

The closure of diastema in anterior teeth using direct adhesive restorations and gingival recountouring is a viable option for the clinician because it renders teeth appear harmonious between restorations.

INTRODUCTION

Modern dentistry is community-oriented. Meeting the needs of the community is often introduced, leading to a consequent need for continued improvement while fulfilling their patients' aesthetic demands.

For several decades, professionals all over the world have tried to fill the gap between aesthetic and function while addressing the esthetics issues. One of the challenges involves creating a natural-looking diastema without creating "black triangles". These triangles are spaces which appear between teeth where the gingival tissue does not follow the respective tooth contour and creates the black shadows on the tooth.

Among the suggested options for the closing of diastema, orthodontics, operative dentistry, and prosthodontics are the most noticeable. Orthodontics can make use of presenting simple, fast, predictable, and low-cost solutions. Orthodontics requires the use of fixed appliances, which means a longer treatment, lower, and more extensive dedication. Prosthodontics requires removing teeth or making more invasive procedures with significant involvement.

The purpose of this paper is to describe a case report in which the diastema closure was accomplished using direct adhesive restorations and gingival recountouring.
Thank You

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